



SENIORS INFO *Exchange*

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The Future of Caregiving

“Elder care,” “home care” and “care-giving” in relation to seniors have become topical issues in the 1990s. As the seniors’ population increases over the coming years, so will the number of people who have chronic diseases. The rising incidence of dementia (including Alzheimer disease), Parkinson’s disease, diabetes and cancer, for example, will generate more demand for both formal and informal care over an extended period.

The trend from hospital to community-based care also puts an increased emphasis on the role of caregivers. Health care specialists, family members, friends and community health care workers now spend more hours in “at home” caregiving. As well, social expectations regarding the division of responsibility for eldercare keep moving the onus of care: how much should

the state provide? How much should families and the informal system provide? While the jury is still out on this issue, seniors themselves are clear. They insist on “aging in place” — staying in their homes for as long as possible.

Because of love, duty, necessity, or a mix of these, informal caregivers, family and friends continue to provide substantial support to seniors. Estimates are that between 75 percent and 85 percent of care received by seniors in the community is provided by family members and friends. ►



Don Curtis

Many informal caregivers feel pressured by the demands of caregiving, yet also speak of its “rewards.” If factors such as higher divorce rates, and smaller and more geographically dispersed families further reduce the capacity of the informal system to meet the growing demand for assistance, the benefits to seniors and their caregivers may become burdens. How will seniors cope? How will caregivers fare?

In times of change, informal caregivers and formal caregivers — i.e., persons who are specially trained to provide care within institutions or the community — may need to redefine their role and involvement in care.

Times have changed

The twentieth century has witnessed significant changes in attitudes towards seniors and eldercare practices. In the early 1900s, assistance was thought to “foster indolence and dependency,” but by the mid-century there was growing acceptance of the public responsibility for health and social services. In response, a system of formal care for seniors was developed which included residential care for frail seniors, with services provided by health professionals with a range of technical expertise. The provinces soon realized that this model of care was not appropriate for a growing number of seniors: not only were long-term care beds costly, but seniors and their advocates were demanding more and more care in a community setting.



Today, there is an increasing emphasis on keeping seniors in the community and helping them to keep up connections with their informal networks of friends and family.

Today, there is an increasing emphasis on keeping seniors in the community and helping them to keep up connections with their informal networks of friends and family. A variety of community-based services are in place to help people maintain or regain a maximum degree of autonomy by addressing their physical, mental or social needs. These services include information and referral, coordination and the services of health professionals and seniors advocacy groups, as well as a range of other support services (personal and social support, housing services, health promotion, respite services and transportation).

Generally less costly than hospitalization or long-term institutional care, community-based services contribute to seniors' quality of life by preventing or delaying institutionalization, promoting social integration, responding to changing health needs in a flexible manner, and providing support to informal caregivers. Plans in health care reform reinforce this shift from institutional to community-based care, at the same time assuring a continuum of care that includes institutional care. However, the National Advisory Council

on Aging (NACA) has observed that provincial trends limiting the growth of long-term care facilities may result in insufficient accommodation for those who are too disabled to remain in the community. If, as expected, more and more older people — and their caregivers — reach a point at which institutionalization becomes appropriate, suitable accommodation must be made available.

A dynamic partnership between formal and informal care is the cornerstone of new policies of care being adopted for frail seniors. According to this view, elders, family and friends collaborate with a variety of paid workers to provide the range of services required by the client. In fact, most provinces have been shifting the focus of long-term care to the community and to families as the main caregivers, with some support from home care workers. Seniors themselves are viewed as clients who have an important decision-making

role in their care, rather than as the passive recipients of services.

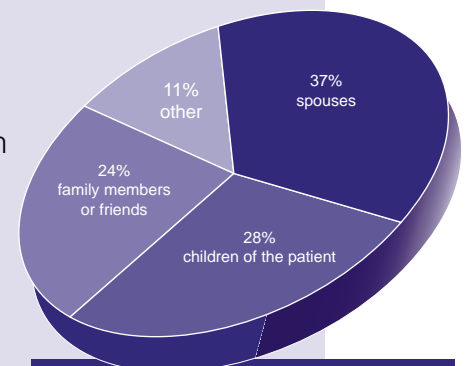
Who are the caregivers?

Typically, the spouse is seen as the main caregiver, but when assistance from a spouse is unavailable, adult children often take on the role of primary caregiver. Daughters are more likely than sons to take this responsibility, devoting about twice the hours of assistance. Daughters generally spend more time than sons in daily homemaking and personal care ▶



profile of caregiving for dementia patients

- ▶ On average, informal caregivers spend 2.5 years providing care to one patient.
- ▶ Approximately 50 percent of seniors with dementia were living in the community; the remainder were living in an institutional setting.
- ▶ 67 percent of seniors aged 85 and over who had a form of dementia were living in an institution.
- ▶ Almost all (98 percent) of dementia patients had a caregiver, most having more than one:
 - 2 percent of patients had no caregiver
 - 3 percent of patients had only a primary caregiver
 - 3 percent of patients had only one person to count on beyond the primary caregiver
 - 92 percent of patients had two or more friends or relatives beyond the primary caregiver who provided them with assistance.
- ▶ It was estimated that:
 - caregivers of people with mild to moderate dementia put in 3.2 hours of care per day, and
 - caregivers of people with severe dementia put in 8.06 hours of care per day.
- ▶ Of unpaid caregivers looking after a dementia patient living in the community,
 - 37 percent were spouses
 - 28 percent were children of the patient
 - 24 percent were other family members or friends.
- ▶ 75.4 percent of dementia patients living in the community had a female caregiver.
- ▶ 36 percent of all informal caregivers were employed. Among them, 33 percent reported disturbances in their work due to their caregiving responsibilities.



Unpaid caregivers looking after a dementia patient living in the community.

(Source: **Agging Vignettes**, "A Quick Portrait of Dementia in Canada," Nos. 34-50, National Advisory Council on Aging.)



Coping with caregiving

- Get adequate food, sleep and physical activity.
- Take advantage of tax breaks.
- Do ask for help and investigate respite service possibilities.
- Seek out and use support services.

Recognizing that caregivers require respite from their responsibilities, many communities have put in place support services. These programs include: outreach and information services, counselling and skills-development or training, and self-help and support groups. Respite services, which provide caregivers with temporary periods of relief and rest away from the care recipient, include adult day care. This is a structured, comprehensive community-based program that provides services during any part of the day and is less than 24-hour care.

Many caregivers are employed and unable to provide more than limited assistance. Moreover, few informal caregivers access paid support services such as respite care. Studies in the United States suggest that caregivers often view these types of services as a last resort, rather than as a way to prevent or alleviate their own stress. The Canadian Study on Health and Aging research team found that close to half the caregivers of persons with dementia and over half the caregivers of people with a physical disability used no community services.

Some of the barriers to using support services are unfamiliarity with services and concerns about the appropriateness of such care, as well as the need for transportation services and the location and timing of services which require the caregiver to leave the home.



tasks, while sons provide as much, if not more, assistance with yardwork, home repairs, business activity and direct financial aid. One of the overriding concerns with the shift from institutional to informal care is that women, who make up the majority of family caregivers, will be expected to provide even greater amounts of care than they have in the past.

Combining paid employment with responsibilities for the care of an older relative is an increasingly common experience. The Canadian Study on Health and Aging (CSHA) found that 36 percent of all informal primary caregivers were employed. Data from a survey by The Work and Eldercare Research Group of CARNET: The Canadian Aging Research Network, found that 12 percent of employed Canadians were helping an older relative with basic activities of daily

living and spending an average of nine hours a week doing so.

Demographic characteristics, such as employment status, marital status and the presence of children have also been found to affect the level of involvement in caregiving. Employment has been found to significantly decrease the level of a son's help to a parent, but did not have a great impact on the amount of assistance provided by daughters. In some studies, being married reduced both sons' and daughters' caregiving to parents, as did the presence of children in the home. Children's perceptions of their parents' level of dependence have also been found to affect caregiving involvement — the higher the perceived dependence, the greater the involvement. ►

How healthy are dementia caregivers?

- Depression is twice as common in someone who cares for a person with dementia than in someone who cares for a person without dementia.
- The more severe the case of dementia, the more likely the caregiver is to experience depression. Approximately
 - 16 percent of persons caring for someone in the community with **mild** dementia, and 40 percent of persons caring for someone in the community with **severe** dementia report symptoms of depression.
- Informal caregivers of persons with dementia living in institutions experience less depression than those who care for individuals living in the community, even though dementia severity is higher in institutions.
- Of informal caregivers who provide care to individuals living in the community, the mean number of chronic health problems is
 - 2.6 for caregivers of persons with dementia
 - 1.9 for caregivers of persons without dementia.

(Source: **Ageing Vignettes**, "A Quick Portrait of Dementia in Canada," Nos. 34-50, National Advisory Council on Aging.)

Caregiver burden and rewards

In Canada, about 80 percent of care for seniors is provided informally by family and friends. As their responsibilities increase, caregivers may experience fatigue, as well as a range of negative emotions. Caregiver burden is the term used to describe the negative consequences of caring for an older person. These consequences include depression, psychological distress, lowered life satisfaction, interpersonal conflict, social isolation, and stress-related physical health complaints. Another impact is financial. Caregivers who take a leave from work often find themselves out of pocket, as their earnings are deferred and their benefits reduced.

More research is needed to identify what types of care are most appropriate to seniors and their families. In some cases, a combination of family and community support services may be the best alternative.

Many caregivers are seniors themselves; over half the caregivers in the CSHA study were over age 60 and many had health problems of their own. Notably, among people caring for someone in the community, those caring for a person with dementia were more likely to experience chronic health problems and depressive symptoms than were those caring for a non-demented older person.

Notwithstanding these concerns, the General Social Survey, published by Statistics Canada in 1996, reported that over half of caregivers between the ages of 45 and 64 say they do not feel burdened by their duties, rarely or never wish that

someone else would take over their responsibilities, nearly always feel that helping others strengthens their relationships, feel they simply give back what life has given them, and feel that they are helped by others more than they help them.

Looking ahead

More research is needed to identify what types of care are most appropriate to seniors and their families. In some cases, a combination of family and community support services may be the best alternative, while in others, seniors' care requirements and family circumstances may mitigate against community-based care. The challenge for policy makers is to determine how best to meet the range of seniors' needs, ensure that families are not overburdened and, at the same time, control publicly funded costs. ■

Abuse and neglect of older adults

Although the majority of caregivers provide dedicated, loving support to their senior family member, there is a risk that some caregivers may vent their stress by mistreating the senior in their care. There must be increasing efforts directed at the prevention of elder abuse. Abuse can take many forms, including:

- physical abuse
- psychological or emotional abuse
- financial abuse or exploitation
- sexual abuse
- medication abuse
- violation of civil/human rights
- neglect (active or passive).

(Source: **Community Awareness and Response: Abuse and Neglect of Older Adults**, Health Canada.)

Care for the caregiver

Many caregivers find themselves isolated and overwhelmed by the stress of caregiving. This burden of care places family caregivers at risk of jeopardizing their own health and potentially limiting their ability to provide essential support for their loved ones.

In Richmond, British Columbia, volunteers, family caregivers and professionals are collaborating on a highly successful program to support people who provide care for their families at home. The **Richmond Caregivers Support Network**, an initiative of the **Richmond Connections Volunteers for Seniors** program, organizes and facilitates a support initiative which includes:

- ▶ educational/support groups for family caregivers
- ▶ a resource centre for caregivers and seniors with a wide selection of books, videos, newsletters and brochures
- ▶ telephone support and information/referral services
- ▶ a seniors'/caregivers' directory containing information about how to access health and other services
- ▶ facilitator training workshops.

In operation since March of 1996, the program was the result of efforts by community members who volunteered considerable time during the Network's planning stages. Following a forum on issues affecting family caregivers, the group received a contribution from Health Canada's New Horizons: Partners in Aging program.

The Network is guided by a steering committee made up of health care professionals and members of the community. Representatives from organizations such

as Continuing Care, the Richmond Hospital, Caregivers Association of British Columbia, and Richmond Mental Health Team bring their expertise and advice to bear at each meeting.

The future looks promising. Several 10-week education and support sessions are planned for the upcoming year — these are in addition to an ongoing support group that continues to meet every other week. The Network is also planning to introduce a new support group for caregivers who have family members entering a care facility.

Caregiver testimonials

"You get motivated when you come to the group and I have learned to pay attention to my own needs as a person."

"The regular meetings keep me sane ... they have prepared me for some difficult times, such as placing my loved one in a facility and learning to deal with the legal aspects associated with caregiving."

"I have learned that I am not alone in my feelings. The group has confirmed my thoughts and feelings on being a caregiver."

"When I came to the group I was flat out. The group has helped me to build my self-esteem ... it is surprisingly open, better than I could have dreamed of."

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Back to school

As the aging of Canada's population continues to accelerate, the role of the family physician remains essential to the continuity of care for seniors. Often the first point of contact for older patients with both medical and non-medical concerns, family physicians today are called upon to provide advice about such complex issues as community resources, health administration and institutional care, as well as direct medical care.

Recognizing the evolving role of the family physician, in 1993 the College of Family Physicians of Canada (CFPC) approved a policy of accrediting university training programs in geriatrics leading to a **Diploma in the Care of the Elderly**. The policy reflects the CFPC's view that seniors' health care will be an increasingly high priority issue in the coming years. Accordingly, the CFPC is continuing its efforts "to provide for Canadian family physicians the best possible educational support to maintain and improve their expertise in the care of their older patients."

Building on its traditional mandate to train family physicians for practice in smaller communities, the **Department of Family Medicine at Queen's University** has put in place a one-year program to provide additional training in the care of seniors. The core program in Care of the Elderly recognizes that the number of geriatric specialists in Canada is shrinking and that physicians working in smaller urban and rural areas will require additional training in the care of older patients.

The Queen's University program is co-directed by the Director of the Care of Elderly Program in Family Medicine and the Head of the Division of Geriatric Medicine, and is designed for family physicians completing the core Family Medicine Residency, as well as for certified family physicians already in practice. Aimed at furthering physicians' knowledge about the aging process and the assessment and management of clinical problems,

the **Diploma in the Care of the Elderly** offers a unique

opportunity for self-directed learning and research in geriatric care. The third-year residency program includes a range of learning opportunities, including education and service in geriatric medicine and internal medicine, as well as electives in rehabilitation medicine, geriatric psychiatry, palliative care, specialty clinics in internal medicine and community-based eldercare.

One resident took the opportunity to work with older Canadian Natives through the Queen's/Moose Factory program and the Tyendinaga Reserve, near Belleville, Ontario.

One of the initial steps in planning this educational program was to identify and define possible roles and responsibilities which program graduates might assume following their training. Some of the physician roles guiding the development of the program's core elements were:

- ▶ serving as a resource for geriatric care in smaller communities
- ▶ providing outreach assessment and treatment within a regional geriatric program or to a geographic region
- ▶ offering consultation services in community hospitals



- ▶ giving advice to home care programs, long-term care agencies, community groups and district health councils
- ▶ providing institutional care as medical director, advisory physician, attending physician in nursing homes, homes for the aged, chronic care or day hospital settings
- ▶ working in palliative care services in community and institutional settings
- ▶ training other physicians and health care workers in the community or institutions
- ▶ as a service and educational resource in an academic department of family medicine.

Director Dr. Sarita Verma is a graduate of the program and a lead resource in geriatric care and research in Kingston. She anticipates that the content will evolve as essential areas of geriatric care and long-term community care become a reality.

The hallmark of the program is its flexibility and adaptability to local or regional needs, while still adhering to the overall regulations and objectives set by the College of Family Physicians. Graduates of the Care of the Elderly program are playing key roles in teaching and other scholarly activities at the University, and are working as advocates for seniors in the current restructuring of health care systems in the Kingston region.

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Innovations in continuing care

Six new models for continuing care sites are up and running in 12 urban and rural sites across Alberta. Funded by regional, provincial and federal sources, the **New Models in Continuing Care Demonstration Project** is designed to enable Albertans to live more independently by avoiding or delaying the move into an institution.

The projects are part of a Health Canada New Horizons and Seniors' Independence Research Program initiatives, and include participation by the Seniors Advisory Council for Alberta, the Canadian Association on Gerontology, Alberta Health, Health Canada, and the Capital Care Group of Edmonton. Governed by a board of directors with considerable expertise in seniors' issues and services, the projects are being implemented, sponsored and overseen by the Continuing Care Outcome Measures Steering Committee.

Project Coordinator Bruce Finlayson describes the demonstration project as the "next logical step in practising the values that consumers and service providers want, and implementing the strategies that Alberta Health's business plan called for." He further explains that the project is intended to offer "increased choice, independence and decision-making power to clients of continuing care services." The six models, which were chosen from 25 proposals received from interested groups across the province, will run for a minimum of two years. They include adult family living, dementia care, integrated community care programs, assisted living, ▶

Native heritage enrichment and transitional care programs.

For example, in the adult family living model, continuing care services are provided in private homes to people who would otherwise be admitted to a facility. Homeowners are paid to provide care for from one to four people in their home.

In Edmonton, a 36-unit residence provides care for people with Alzheimer disease or other dementia, specifically those at the mid-stage of the disease. The specially designed environment is intended to maximize individual strengths and freedom, and to promote a home-like environment. Residential furniture and personal items, such as pictures and keepsakes, as well as a nameplate and photograph of the resident beside each door help to orient residents who may become confused and agitated when dealing with unfamiliar surroundings.

One of the new ways of meeting client needs, transitional care complements regional services by providing short-term rehabilitation, with the goal of discharging clients back to their own homes. It provides short-term, cost-effective alternatives to acute care hospitals or continuing care centres for seniors who require more services than home care can provide, but who do not require hospitalization.

An innovative program in High Prairie, Alberta, has been designed to take into account the heritage and unique needs of

Metis and First Nations clients. The extended care program provides a holistic approach to health care, including traditional Native medicines, such as herbal remedies, teas, ointments and homeopathic remedies. Often, the Medicine Man or Woman and the physician collaborate in the treatment of residents.

At the end of the project, the Consultation Group, comprised of representatives from each of the demonstration project sites, will assess the degree to which each of the 12 demonstration projects fulfilled its objectives (e.g., client/family satisfaction; dementia attitude scale; caregiver stress inventory). An essential element of the project will be the evaluation of the continuing care models by researchers at the University of Alberta. Health Canada's Seniors' Independence Research Program (SIRP) has awarded the University \$520,000 over three years to assess the organization, delivery and outcomes of selected approaches and sites.

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Supporting veterans

The Canadian veteran population is the men and women who have served their country in theatres of war. Many of these veterans incurred disabilities during their war service. The **Veteran's Independence Program (VIP)** of Veterans Affairs Canada is designed to assist eligible veterans in maintaining their independence and quality of life, by helping them to stay in their own homes or communities, near families and friends. This program, which relies heavily on the essential services provided by family caregivers, offers assistance for home care, such as nursing care, personal care, house-keeping and grounds maintenance.

The Department piloted a project in 1993 to provide information and training to older family caregivers. Developed in conjunction with the Nova Scotia Centre on Aging, Mount Saint Vincent University in Halifax, the program focuses on the delivery of workshop sessions aimed at helping caregivers develop new skills and approaches to caregiving and find ways of dealing with their own feelings and health needs.

The program model consists of ten videos and two training manuals. The first manual, entitled **Care for the Caregiver: A Manual for Implementing Workshops**, includes six modules on topics such as the aging process, stress management, communication skills for caregivers and assertiveness training, as well as basic information on the role of the workshop facilitator and outlines for conducting each session. The second manual, **Care for the Caregiver: A Manual for Training Staff**, addresses the role of the family caregiver, including the needs of caregivers and the social implications of caregiving.

Piloted initially in the Ottawa and Edmonton District Offices of Veterans Affairs Canada

and subsequently in Quebec, the program was co-facilitated by a counsellor and a nurse. Each workshop session had four components: support, education and discussion, stress reduction and problem solving. In addition to a formal presentation which provided factual information about different theme areas, the sessions offered ample opportunity for group discussion so that caregivers could integrate the information into their own experiences, and learn from the experiences of others in similar situations.

The evaluation results showed that the major impact of the sessions was on caregivers' perceptions of the caregiving situation. As well, participants benefitted from the information received on community resources and services, and caregiving techniques. Here is what some participants had to say about the sessions:



"I learned a lot of things about how to cope, and one thing is to have patience."

"The thing I learned the most was that I wasn't alone. Sharing our similar problems really helped."

"I was extremely pleased to be included. I took in all six sessions. ... I hope there will be more of it for other people."



Caregivers also identified several topics on which additional information is required, including coping with anger, sadness and depression; decisions about nursing home placement; coping with a spouse's institutionalization; legal and tax concerns; and affordable housing in the community. ▶

The manuals and videos are available through Veterans Affairs Canada. For more information about the program, contact:

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Strengthening partnerships

In 1993, Veterans Affairs Canada contracted with the Nova Scotia Centre on Aging, Mount Saint Vincent University, to develop manuals for caregiver education and staff training. (See related article, page 11.) Information gathered during this project reinforced the fact that informal caregiving is an essential cornerstone of provincial homecare services.

Building on this initiative and in recognition of the increasing importance of shared common services, in 1994, the Nova Scotia Centre on Aging, Mount Saint Vincent University, joined with partners in various sectors to form the Nova Scotia Caregiver Support Committee. Designed to increase the effectiveness and efficiency of existing programs, and at the same time to maximize scarce financial and human resources, the 17-member Committee promotes the enhancement of community support and education for informal caregivers in Nova Scotia.

One of the Committee's first major accomplishments was the development of a background paper entitled **Emerging Issues of Informal Caregiving Support**. Submitted to the Nova Scotia Minister of Health in February 1995, the document recommended that:

- ▶ Home Care Nova Scotia be identified as the organization responsible for providing caregiver support, including education, across the province;
- ▶ caregiver support be declared as a core service in Nova Scotia; and
- ▶ support be delivered through the Regional and Community Health Boards using a community development approach.

Shortly after the report's submission, the province made significant changes to its health services. As a result, the Committee was asked to develop an action plan merging its interests with the newly organized Regional Health Boards. A key proposal was that Home Care Nova Scotia serve as the umbrella organization for caregiving services.

The Committee, which includes representatives from the Nova Scotia Centre on Aging at Mount Saint Vincent University, Health Canada's Health Promotion and Programs Branch, Nova Scotia Senior Citizens Secretariat, Northwood Home Care, Alzheimer Society of Nova Scotia, Caregiver Workshop Facilitators, Royal Canadian Legion and Veterans Affairs Canada, offers a range of resources to support the services of Home Care Nova Scotia. Recently, the Committee was asked to organize an in-service program for home care coordinators in the province and the four regions. Committee representatives will also serve on a development team for a pilot program promoting caregiver support and education.

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Help for the helpers

“By the light of the silvery moon ...”

Madeleine and her mother Rose sing a few bars from the old song as they sit together at the end of a long day. Madeleine, who is 57, has taken an early retirement to care for her disabled mother. They get by on their combined pensions, an ability to adapt, and a healthy measure of good humour.

Across the country, there are thousands of people like Madeleine who

care for sick or older family members. These caregivers make an invaluable contribution to society — one which often goes unacknowledged.

A new five-part video series from the **National Film Board (NFB)** examines the role of caregivers, and offers a wealth of practical advice to the growing number of Canadians who find themselves in situations similar to that of Madeleine and Rose, and other caregivers. Focusing on the experiences of five people in different caregiving situations, **Caregivers** examines a range of issues, such ▶



Handbook for Family Caregivers

To help address the need for information and in recognition of the important role that family caregivers play, the **London InterCommunity Health Centre** has produced a handbook dealing with the multidimensional concerns of caregivers. Written in collaboration with an advisory committee of caregivers and funded by Health Canada and the J.W. McConnell Family Foundation, **Caregivers: A Handbook for Family Caregivers** offers practical information and advice about such issues as coping with stress, alternative living arrangements, distance caregiving, rural caregiving, and multicultural issues.

The 150-page Handbook accompanies a five-part series of videos which use a documentary format and feature real family members dealing with the emotional, physical, spiritual and financial challenges of caring for a relative, often a senior (see article

above). The videos were produced by Cygnus Communications and the National Film Board of Canada (NFB). Both the Handbook and the videos are being distributed nationally, through NFB outlets, and agencies and institutions serving family caregivers. They are also available from the London InterCommunity Health Centre. The English-only Handbook sells for \$10. (A French edition of the Handbook is forthcoming.)

For more information about the Handbook or to order a copy, contact:

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as caring for people with dementia and strokes, coping with caregiver stress, and choosing a long-term care facility.

“When Dad had his stroke, we all did,” says Joanne, echoing an experience common to many caregivers who discover that one person’s illness can have unforeseen repercussions on the entire family. In another episode, Doris lives in a mobile home on her daughter’s farm after tending to the needs of her husband for 10 years when he was disabled by a stroke. Viewers are also introduced to Kurt who spent eight years



providing round-the-clock care for his mother Elizabeth, an Alzheimer patient. With her death, Kurt must begin the process of rebuilding his own life. The last episode depicts Paul, who regularly visits his mother Jean in a nursing home where he has had to place her because of her Alzheimer disease. The featured caregivers are candid about the challenges and the rewards of caring for an older family member. Their stories are inspiring, insightful and moving, at times poignant and even funny.

Filmmaker Dan Curtis spent four years researching the issue, consulting with numerous professionals and non-professionals along the way.

The London InterCommunity Health Centre, a leader in community health programming, has produced a Caregivers Handbook to accompany the series (see article, p. 13). The Handbook offers detailed information on issues such as alternative living arrangements, other services and resources for caregivers, and how caregivers can best attend to their own physical and psychological needs.

Orders for the **Caregivers** series can be placed through the NFB’s toll-free number, 1-800-267-7710. ■

A helpful partner for caregivers

Where do I go? Who do I ask? What’s available? These are just some of the questions posed by growing numbers of men and women who are faced with the often daunting task of providing care for an older relative. A new Canadian publication, **Eldercare Quarterly**, is helping to fill this information void with articles, resource materials and opinion pieces by health care professionals, journalists and ordinary people who are caregivers themselves.

The first issue was published in January 1997, and the second in June. Following is a sampling of topics covered in the first two issues:

- ▶ the challenges and the rewards of caregiving
- ▶ questions to ask when considering placing an older relative in a long-term care facility
- ▶ some options to the traditional nursing home
- ▶ notes from a caregiver’s diary, providing insights into what caregiving is all about and what to do about stress
- ▶ the need for more and better home care as hospitals continue to close.

In the third issue, readers will see such regular features as “Check Up,” a column on the latest developments in health care; “People to Call,” a directory of help-related organizations for caregivers; “Food for Health,” offering sample menus and suggestions for healthy eating based on Canada’s Food Guide to Healthy Eating; and “Alternate Routes,” exploring the benefits of alternative forms of medicine such as homeopathy and naturopathy. Also included are articles on avoiding con artists, financial planning, and incontinence.



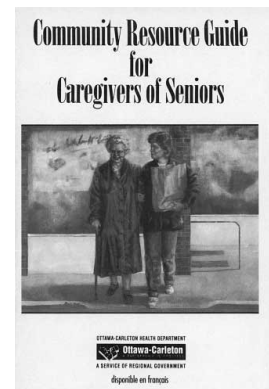
Eldercare Quarterly is distributed through newsstands, doctors’ offices, caregiving organizations and community centres. Annual subscriptions for this English-only publication cost \$11.85, plus GST. For more information, contact:

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Community Resource Guide for Caregivers of Seniors

Tapping into the right information at the right time is critical for caregivers. Ottawa-Carleton’s Health Department has produced a booklet entitled **Community Resource Guide for Caregivers of Seniors** which provides a wealth of useful information. It addresses some common inquiries from caregivers, such as “My relative needs to look at alternative housing options,” “My relative cannot be alone, but I need a break,” “My relative really needs 24-hour supervision,” and “I need to share my feelings with someone who would understand.” The Guide also lists names and numbers for a variety of community resource and support services.

Although the information provided is most relevant to the Ottawa area, the Guide may be of interest to other communities who are considering the development of a similar resource. The Guide is available free of charge in English or French (**Ressources pour les aidants naturels des**



aidants naturels des aînés). For more information or to order a copy, contact:

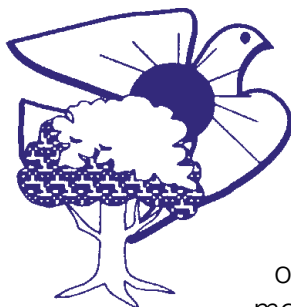
Caregivers of Seniors Program
 Ottawa-Carleton Health Department
 495 Richmond Road
 Ottawa, Ontario
 K2A 4A4
 (613) 722-2242
 Fax (613) 724-4123 ■

Caregiver support booklets

The **Regroupement des aidants et aidantes naturel(le)s de Montréal**

organized **Entourage**, an innovative project aimed at preventing exhaustion among caregivers. The group organized information sessions, a telephone hot-line service, interviews with caregivers to provide support and better explore their needs and concerns. The project received its original funding through the Health Canada New Horizons program.

Entourage became popular in the community and prompted a useful dialogue between the group, caregivers and other stakeholders. Three booklets were produced as a result. The first entitled **L'Envol** addresses a range of concerns and questions that a new caregiver might have



on such topics as health, rights, legal and financial help, and other support services. Another booklet, **Roue de secours**, addresses crisis situations, providing indicators of a possible crisis situation and suggestions about how to cope. The third booklet, **L'Entourage**, encourages caregivers to seek help from their relatives and other groups in the community.

Each booklet is printed in French only, and sells for under \$10. For more information or to order copies, contact:

Regroupement des aidants et aidantes naturel(le)s de Montréal
7501, rue François-Perrault
Montréal, Québec
H2A 1M1
(514) 374-1056
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